

2665

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

407

State File No.

Registrar's No.

1. Place of Death: (a) County Yavapai (b) City or Town Bagdad (c) Location _____
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution _____; In Community 7 years; In Arizona 7 years
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona (b) County Yavapai (c) City or Town Bagdad
(If outside city limits also write RURAL)

(d) Street No. _____ (e) If foreign born, in U. S. A. _____ yrs.

3. (a) FULL NAME Iva Lucy Herald (b) If veteran name was _____ (c) Social Security No. none
(If NONE write the word)

4. Sex Female 5. Color or Race white 6. (a) Single, married, widowed or divorced married

6. (b) Name of husband or wife Y. B. Herald 6. (c) Age of husband or wife, if alive 64 yrs.

7. Birthdate of deceased Dec. 30 1877
(Month) (Day) (Year)

8. AGE: Years 63 Months 7 Days 9 If less than one day
hrs. min.

9. Birthplace Galva, Kansas
(City, town or county) (State or Country)

10. Usual Occupation housewife

11. Industry or Business home

Father { 12. Name Thomas J. Parry
13. Birthplace unknown
(City, town or county) (State or Country)

Mother { 14. Maiden Name Julia Maddux
15. Birthplace Ohio
(City, town or county) (State or Country)

16. (a) Informant's own signature Y. B. Herald

(b) Address Bagdad, Arizona

17. (a) Burial, Cremation or Removal burial

(b) Place Greenwood (c) Date Aug. 12, 1941

18. (a) Embalmer's Signature John Grimshaw

(b) Funeral Director Grimshaw Mortuary

(c) Address 334 W. Monroe, Phoenix

19. (a) Sept. 3 1941
(Date received local Registrar)

(b) E. A. Girard
(Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Aug. 9, 1941
TIME (Hour and minute) 6:00 P.m.

21. I hereby certify that I attended the deceased from July 9, 1941 to Aug. 9, 1941
that I last saw her alive on Aug. 9, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac decompensation

Due to Chronic asthma

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____

(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature William D. Williamson M. D.

Address Bagdad, Arizona Date signed Aug. 11, 1941

William D. Williamson

DURATION

4 years
